

present to the end of the disease, and disappeared simultaneously with the cutaneous eruption. The spots themselves, varying in number, were mostly very small in size; their seat of predilection was about the back part of the mucous membrane of the cheek in the neighborhood of Steno's duct, but they were also found about the lips, gums, and hard palate. In most cases they were seen as soon as the mouth was opened; in a few others not until a careful inspection was made. Diffuse daylight is a better light for their observance than artificial light. The spots are bluish white in color, the size of a pinhead, and surrounded by a red areola. Bruening looked for them in many other affections (German measles, scarlet fever, serum eruptions) without, however, being able to find them in any one of them. He, therefore, concludes that Koplik's spots are always present in measles and are pathognomonic of the exanthem; their presence is of the greatest importance from a diagnostic, differential diagnostic, and prophylactic standpoint.

OBSTETRICS.

UNDER THE CHARGE OF

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Vaginal Ovariectomy during Labor.—PETERSEN (*Monatsschrift für Geburtshilfe und Gynäkologie*, 1905, Band xxi., Heft 6) reports the case of a primipara with moderately contracted pelvis, in whom the pelvic cavity was partially filled by a tumor. Combined examination showed that it was impossible to dislodge this from the pelvis. The consistence of the tumor suggested an ovarian cyst. The patient was clearly at full term, and the head of the child was movable above the pelvic brim.

Vaginal incision was made; adhesions about the tumor were loosened, causing free bleeding, and the tumor was incised. Its contents seemed to be fluid and escaped easily; the sac was then drawn out and the pedicle ligated at the right broad ligament. So soon as the tumor was removed, the head of the child descended and made it impossible to accurately close the vaginal wound, accordingly, the child was delivered by forceps and incisions made in the cervix prevented lacerations. After the uterus was empty lacerations were closed, and the incisions which had been made after the removal of the tumor were brought together.

Cæsarean Section on the Dying.—In the *Zentralblatt für Gynäkologie*, 1905, No. 23, FUTH reports the case of a multipara who suffered from very severe lesions of the heart with dyspnoea and cyanosis. The patient was pregnant at term, and was brought into the clinic in a very grave condition and unconscious. Medical treatment failed to improve her condition; the patient was thought to be dying, and to rescue her child it was delivered by Cæsarean section. This was done in the same careful and thorough manner in which the operation would be performed upon the living. The patient, however, seemed temporarily better after the operation, but died suddenly on the fifth day. Autopsy revealed chronic endocarditis with severe valvular lesions.

F In the discussion upon this paper, Zweifel reported a case in which a pregnant woman having a brain tumor was thought to be dying at the termination of pregnancy. She had high fever and had been for some time unconscious; the child was removed by Cæsarean section with the hope of saving its life. It was, however, dead, and upon autopsy ecchymoses were found throughout all the serous membranes. Zweifel believes that operation should be done in all cases where the mother is fatally ill, with the hope of saving the child.

Myasthenia Complicating Pregnancy and Resulting in Cæsarean Section.—GEMMELL (*Journal of Obstetrics of the British Empire*, April, 1905) reports the case of a married woman, aged twenty-five years, who, during a pregnancy, had progressive muscular weakness, which was diagnosed as severe myasthenia. The muscles were all weak, even those supplying the organs of the special senses acted very deficiently. The patient's condition became so bad that it was impossible for her to perform the most trivial acts for herself without the greatest exhaustion and alarming dyspnœa.

On admission to the hospital she had repeated attacks of dyspnœa and slept but very little. As the patient continued to grow worse, it was decided to deliver her by Cæsarean section, with the hope that she would improve. The operation was successful and the patient recovered from it without infection. She recovered some time after the operation, but continued to be helpless. The child was well nourished. After leaving the hospital her attacks of dyspnœa ceased. There was no other considerable improvement.

Thirty Cases of Cæsarean Section.—In the *American Journal of Obstetrics*, June, 1905, KERR, of Glasgow, publishes a paper reporting 30 cases of Cæsarean section. His mortality was 2 deaths, 6.6 per cent.; other figures give a mortality from 6.8 to 8 per cent. One of Kerr's fatal cases resulted from hemorrhage; at its autopsy several of the catgut uterine sutures were untied. His second fatal case resulted from septic infection, as the patient had been in the hospital but a short time before delivery. There was a morbidity of 26.6 per cent.; 1 patient having mitral disease and suffering greatly from bronchitis, while another had pleuropneumonia; 2 patients had foul lochia, with fever and rapid pulse, and were given intrauterine douches. One case had double parotitis; in 1 case suppuration occurred about the uterus, and free incisions were made in the cellular tissue. This was a case of celiohysterectomy, in which the stump was dropped. The patient was very ill for a time, but after the incisions and discharge of pus occurred she recovered.

Kerr cleansed the vagina very thoroughly before he operated. In his cases he had 23 in which the uterus was retained, with 2 deaths, a mortality of 9.8 per cent. In 7 cases, in which the uterus was removed and the stump dropped, there were no deaths. The morbidity in the first series was 28 per cent., and in the latter series 25 per cent. He believes that hysterectomy is the safer operation.

He believes that resection of the tubes should be performed in emergencies where the operator has not sufficient assistance and must operate in a private house. Kerr has had 1 case of rupture of the uterus through a fundal scar after a former Cæsarean section; the patient was operated upon the second time with a good recovery.